Executive Committee of the RI Healthcare Reform Commission
Meeting Minutes
2 May 2011
2:00pm
Department of Administration

I. The Lt. Governor called the meeting to order at 2:07pm on 2 May 2011

II. Presentation of Senator Joshua Miller on the Special Senate Commission to Study Cost Containment, Efficiency, and Transparency in the Delivery of Quality Patient Care and Access by Hospitals

a. Senator Miller presented a brief history of how the Special Senate Commission was established: In January 2010 the Office of the Health Insurance Commissioner (hereafter OHIC) presented a report, and was criticized by hospitals for its incompleteness, with many critics seeking additional look at transparency into hospitals. The Special Senate Commission was born due to this critique. Since its establishment, the members of the Special Senate Commission ended up with a wide agenda beyond transparency of hospitals. The meetings were consistently attended by hospital leaders, insurers, providers, and physicians. There was a consensus on a lot of the output; the report that stated the findings demonstrates that if a group did not agree with some of the recommendations of the Commission, they may say so, and the dissent is noted therein. The legislation that was developed was in response to a set of findings by the Commission.

b. Senator Miller went briefly through the legislation that was developed as a result of the findings of the commission, or the legislation that was built on other bills already in process in order to build on that legislation consistent with the findings of the Senate Commission.

   i. S 873 – Payment Obligations and Transparency – questions were raised as to why we would have individual hospital contracts at all if the Commissioner can set the rates. The question "Do we need contracts anymore?" was mentioned. Senator Miller noted one of the findings was to look further to determine if there should be contracts going forward, but this legislation was designed to improve current laws. Contracts do address issues beyond setting rates and thus there may be an ongoing role for these even in a highly regulated environment. The Committee noted that it seemed RI might move in a new direction away from a contract state to formulas. It was noted that to an extent, Maryland operates as such.

   ii. S870 – Transition from Fee for Service – there was no resistance to this concept, the only resistance was from an insurer who noted that they are doing this anyway. This concept also came from a presentation from a group in MA similar to the Special Senate

Commission who also contributed some regulations, this chiefly among them.

iii. S 875 – Community referrals for intoxicated individuals - Legislation might be there before the alternatives that the legislation creates. It was noted that there is most likely public money that goes to Emergency Rooms to take care of this population, which could be placed elsewhere to develop these alternatives further investigation is needed to be done in order to see how these problems could be fixed.

iv. S 871 – Children Behavioral Health Referrals – slightly similar to S 875 and it creates a call center to be a resource to help families evaluate treatment services for families. This is going before a hearing in the Senate in early May. It was noted that if there is diversion away from that system, then there might be a problem by creating a pipeline into the current system that is not necessarily beneficial.

v. S 867 – Comprehensive Discharge Planning – to encourage the adoption of best practices in discharge planning and transitions by all hospitals. While most hospitals already do encourage the best practices in discharge planning and transitions, this legislation would require each hospital operating in RI to submit evidence of it. The Committee discussed whether this was necessary, due to the fact that most hospitals are already carefully examining discharge planning and transition. The response came that this would be no extra work, nor cost, but it would send the information to the Department of Health to keep on file, and insure that this issue is being carefully monitored overall. There was also a discussion of how quality can be measured in this context.

vi. S 874 – Primary Care Designation – this bill has already had a hearing and has great support from members of the Senate Special Commission. It requires as a condition to receiving health insurance, that individuals identify a primary care provider. An insurer has testified to how well this works. If they can identify a person with a primary source of care it focuses their group. An important comment made that there may need to be outreach though, to avoid having patients naming people who are their former physicians or deceased, etc.

vii. S 475 (Utilization Review) and S 348 (Provider Apology) – these were reviewed after the commission finished its report, but after meeting, the Commission did approve these pieces of legislation. Utilization review allows physicians to delegate the flow of insurance paperwork to a qualified provider who can fill in forms appropriately, allowing the primary doctor more time to meet and treat patients. Provider apology would allow a doctor to offer expressions of sympathy, and apology to a patient or to the patient's family and any offers by a health care provider to

undertake corrective action to assist the patient inadmissible as evidence of an admission of liability in any claim, action or proceeding against the provider. As a side note, the Provider Apology bill will go before the Judiciary Committee, not the Health Committee.

III. Adjourn

a. Due to time constraints, the meeting came to a close early, with a note that the next meeting was expected to last for two hours to ensure the completion of multiple presentations.